

Cause Number 141-305850-19
LISA BIRON
VS

FEDERAL MEDICAL CENTER
("FMC"), ET AL

OFFICER'S RETURN

Received this Citation By Certified Mail on the 20th day of March, 2019 at 2:00 PM ; and executed at
US ATTORNEY 1100 COMMERCE ST 3RD FLR DALLAS TX 75242

within the county of _____ State of TX on the 26th day of March, 2019 by mailing to
the within named ERIN NEALY COX a true copy of this Citation By Certified Mail
together with the accompanying copy of:
CIVIL COMPLAINT FOR DAMAGES AND INJUNCTIVE AND DECLARATORY RELIEF

Authorized Person/Constable/Sheriff: Thomas A. Wilder

100 N CALHOUN

FORT WORTH TX 76196-0402

County of Tarrant, State of Texas

By Stacci Reynolds Deputy

Fees \$ 75.00

STACCI REYNOLDS

(Must be verified if served outside the State of Texas)

State of _____ County of _____

Signed and sworn to by the said _____ before me this _____

to certify which witness my hand and seal of office

FILED
TARRANT COUNTY
2019 MAR 29 AM 9:26
THOMAS A. WILDER
DISTRICT CLERK
(SR)



County of Tarrant, State of Texas

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ERIN NEALY COX
C/O US ATTORNEY
1100 COMMERCE ST, 3RD FLR
DALLAS, TX 75242

141-305850-19 DP/LM/CM

9590 9402 4268 8121 6797 45

2. Article Number (Transfer from service label)

7015 3430 0000 8630 5487

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

A. Nowlin ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

A. Nowlin 03/26/19

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

THOMAS A. WILDER
DISTRICT CLERK

2019 MAR 28 PM 4:30

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



14130585019000010

THE STATE OF TEXAS
DISTRICT COURT, TARRANT COUNTY

ORIGINAL

CITATION

Cause No. 141-305850-19

LISA BIRON

VS.

FEDERAL MEDICAL CENTER ("FMC"), ET AL

TO: ERIN NEALY COX

C/O US ATTORNEY 1100 COMMERCE ST 3RD FLR DALLAS, TX 75242-

You said DEFENDANT are hereby commanded to appear by filing a written answer to the CIVIL COMPLAINT FOR DAMAGES AND INJUNCTIVE AND DECLARATORY RELIEF at or before 10 o'clock A.M. of the Monday next after the expiration of 20 days after the date of service hereof before the 141st District Court in and for Tarrant County, Texas, at the courthouse in the City of Fort Worth, Tarrant County, Texas said PLAINTIFF being

LISA BIRON

Filed in said Court on January 31st, 2019 Against
FEDERAL MEDICAL CENTER ("FMC"), WARDEN JODY UPTON, LETICIA A ARMSTRONG, E DIXON, ERIN NEALY COX

For suit, said suit being numbered 141-305850-19 the nature of which demand is as shown on said
CIVIL COMPLAINT FOR DAMAGES AND INJUNCTIVE AND DECLARATORY RELIEF a copy of which accompanies this citation.

PRO SE

Attorney for LISA BIRON Phone No. -

Address FCI WASECA PO BOX 1731 WASECA, MN 56093

Thomas A. Wilder, Clerk of the District Court of Tarrant County, Texas. Given under my hand and the seal of said Court, at office in the City of Fort Worth, this the 20th day of March, 2019.

By Lauren Melanson Deputy

LAUREN MELANSON

NOTICE: You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 AM. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you.

Thomas A. Wilder, Tarrant County District Clerk, 100 N CALHOUN, FORT WORTH TX 76196-0402

OFFICER'S RETURN *14130585019000010*

Received this Citation on the _____ day of _____, _____ at _____ o'clock _____ M; and executed at _____ within the county of _____, State of _____ at _____ o'clock _____ M on the _____ day of _____, _____ by mailing to the within named _____

a true copy of this Citation together with the accompanying copy of CIVIL COMPLAINT FOR DAMAGES AND INJUNCTIVE AND DECLARATORY RELIEF having first endorsed on same the date of delivery.

Deputy/Constable/Sheriff: _____

County of _____ State of _____ By _____ Deputy

Fees \$ _____

State of _____ County of _____ (Must be verified if served outside the State of Texas)

Signed and sworn to by the said _____ before me this _____ day of _____, _____

to certify which witness my hand and seal of office

(Seal)

County of _____, State of _____

7015 3430 0000 8630 5487

CITATION

Cause No. 141-305850-19

LISA BIRON

VS.

FEDERAL MEDICAL CENTER
("FMC"), ET AL

ISSUED

This 20th day of March, 2019

Thomas A. Wilder
Tarrant County District Clerk
100 N CALHOUN
FORT WORTH TX 76196-0402

By LAUREN MELANSON Deputy

PRO SE

Name: LISA BIRON

Address: FCI WASECA

PO BOX 1731

WASECA, MN 56093

CIVIL LAW

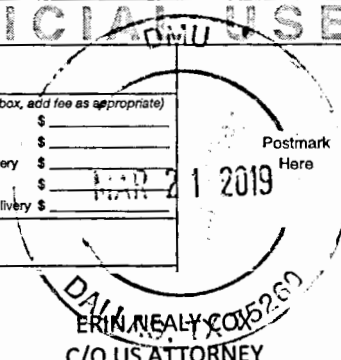


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ORIGINAL

7015 3430 0000 8630 5487

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$ 6.95
Sent To	ERIN NEALY COX
Street and Apt. No.	C/O US ATTORNEY
City, State, Zip+4	1100 COMMERCE ST, 3 RD FLR DALLAS, TX 75242
PS Form 3800, 7/16	141-305850-19 DP/LM/CM



FILED
TARRANT COUNTY
2019 MAR 28 PM 4:30
THOMAS A. WILDER
DISTRICT CLERK